



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Medical Doctors, Nurse Practitioners, Professional Midwives, Health Departments, Rural Health Clinics, Federally Qualified Health Centers, Laboratories, Pharmacies, Outpatient Clinics, and Managed Care Organizations Participating in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 3/9/2015

SUBJECT: Changes to Plan First, Virginia's Family Planning Services Program — **Effective January 1, 2015**

The Department of Medical Assistance Services (DMAS) administers the Medicaid family planning program, **Plan First**. The purpose of Plan First is to prevent unintended pregnancies through coverage of a limited benefit package of family planning services for eligible men and women. As of March 1, 2015, over 86,000 women and men are enrolled in Plan First. The purpose of this memo is to remind providers of the limited benefits of Plan First and the change to the income level for the Plan First program.

Effective **January 1, 2015**, eligibility income levels were expanded to match the highest income level for the pregnant women coverage group under FAMIS MOMS, which is 200% of the federal poverty level (FPL). Previously, the eligibility income level for the Plan First program was 100% of the FPL.

Note: It is important to verify eligibility prior to providing services. Plan First enrollees will receive the standard Medicaid identification card. Covered services are limited to family planning services and supplies; non-covered services will not be reimbursed. Also, members of Plan First will continue to be excluded from enrollment in a managed care organization.

Individuals who have had a hysterectomy or sterilization procedure will not be prohibited from enrolling in Plan First. Even though sterilizations are a covered service through Plan First, most individuals who have had a sterilization procedure will no longer need to access family planning services. However, Plan First will cover back-up contraception and follow up visits until the member can confirm with their provider the sterilization procedure was a success.

This information will be updated in the Plan First Provider Manual. DMAS suggests that providers check the DMAS Website at least quarterly for updates. More information about Plan First may be found at www.planfirst.org.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/alte-enrl.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.